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APPLICANTS

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** CONTINUING DATA ***** *Yes*
 This application is a CON of 10/366,558 02/14/2003 PAT 6,824,472
 which is a CON of 09/968,498 10/02/2001 PAT 6,520,862
KN

** FOREIGN APPLICATIONS ***** *None*
KN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KN</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE
 Collapsible infant swing

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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